

Sanitarian Registration Program  
Texas Department of Health  
1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756  
(512) 834-4517



**Budget: 5B750**  
**Fund: 151**

**REQUEST FOR SANITARIAN CONTINUING EDUCATION APPROVAL FORM**  
**SPONSOR**

**\$25 FEE REQUIRED**

(UNLESS SPONSOR IS STATE OR FEDERAL AGENCY; OR ACCREDITED COLLEGE OR UNIVERSITY)

This form and supporting documentation should be submitted at least 90 days prior to the course for credit to be awarded. Please send copies of all information; DO NOT submit originals.

Sponsoring Organization \_\_\_\_\_

Note: Sponsoring organization must be one of the following (please check the correct box)

- ☐ accredited college or agency      ☐ governmental agency  
☐ association with 25+ membership      ☐ commercial education business

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of course/class \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Number of approved continuing education hours requested \_\_\_\_\_

**Field:**      ☐ Consumer Health      ☐ Environmental Health      ☐ Sanitation

**Activity:**      ☐ conference      ☐ home study training module      ☐ lecture      ☐ panel discussion  
                 ☐ seminar      ☐ accredited college or university course      ☐ video or film with live instruction  
                 ☐ field demonstration      ☐ teleconference      ☐ other department-approved activities

Attach the following information:

- \* Course outline or syllabus, including time spent on each topic and description of course content
- \* Record keeping procedure, including procedures for verifying attendance and comprehension
- \* Names, addresses and qualifications of instructors
- \* Any other available information which might assist us in approving the course (brochures, schedules, conference programs, etc.)

I hereby certify that I have read the rules related to continuing education at 25 Texas Administrative Code, Chapter 265.147; that the course content is appropriate; that the activity complies with all applicable federal and state laws, including the Americans with Disabilities Act (ADA) requirements for access to activities; and that I will submit the roster as required within 30 days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Within 30 days of receipt of this application, we will return this form to you. We reserve the right to request more information before approving or disapproving this application.

----- Below this line for TDH use only -----RS Form CE-2----1/01

Date Received	Date Approved	Fee rec'd	Number of hours approved	Approved by: